

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.  
Case No. 17-OP-45004

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.  
Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al  
Case No. 18-OP-45132

~~~~~

Videotaped deposition of  
TERRY ALBANESE

January 4, 2019  
9:04 a.m.

Taken at:  
Sheraton Suites - Cuyahoga Falls  
1989 Front Street  
Cuyahoga Falls, Ohio

Renee L. Pellegrino, RPR, CLR

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1 THE VIDEOGRAPHER: The date is  
2 January 4th, 2019. We're on the record at 9:04  
3 a.m. This is the deposition of Terry Albanese  
4 in the matter of In Re: National Prescription  
5 Opiate Litigation, in the United States District  
6 Court, Northern District of Ohio, Eastern  
7 Division.

8 Will counsel please state  
9 appearances for the record?

10 MS. LEYIMU: Tope Leyimu with Motley  
11 Rice, here for the witness, City of Akron and  
12 Summit County.

13 MS. RIVERS: Tammy Rivers, Motley  
14 Rice, City of Akron and Summit County.

15 MS. McNAMARA: Colleen McNamara,  
16 Williams & Connolly, on behalf of Cardinal  
17 Health.

18 MS. HARTMAN: Ruth Hartman, Baker  
19 Hostetler, on behalf of the Endo Defendants.

20 MR. HOLLINGSWORTH: Adam  
21 Hollingsworth, Jones Day, on behalf of Walmart.

22 THE VIDEOGRAPHER: Will counsel on  
23 the phone please state appearances for the  
24 record?

25 MR. SCHOCK: Yes. Andrew Schock of



1 Jackson Kelly for AmerisourceBergen Drug  
2 Corporation.

3 MR. PADUKONE: Aseem Padukone,  
4 Covington & Burling, on behalf of McKesson  
5 Corporation.

6 THE VIDEOGRAPHER: Will the court  
7 reporter please swear in the witness?

8 TERRY ALBANESE, of lawful age, called  
9 for examination, as provided by the Federal  
10 Rules of Civil Procedure, being by me first duly  
11 sworn, as hereinafter certified, deposed and  
12 said as follows:

13 EXAMINATION OF TERRY ALBANESE  
14 BY MS. McNAMARA:

15 Q. Good morning, ma'am.

16 A. Good morning.

17 Q. Could you please state your name for  
18 the record?

19 A. Terry Albanese.

20 Q. And what's your current address?

21 A. 2530 Cedar Creek Lane, Akron, Ohio  
22 44312.

23 Q. Have you ever been deposed before?

24 A. No. Well, I was a -- I'm sorry --  
25 an expert witness many, many years ago, and I

1 did go through a deposition prior to that.

2 Q. And what topic were you an expert  
3 witness on?

4 A. It was a nursing home case.

5 Q. And you were deposed in that matter?

6 A. Um-hum.

7 Q. Did you testify at trial?

8 A. Yes.

9 Q. And who -- who was your client in  
10 that case?

11 A. This was back in the 1980s when I  
12 was in graduate school, and so I don't remember  
13 the details.

14 Q. No problem.

15 Well, since it's been a while, let's  
16 just start off with a few basic ground rules to  
17 help today go as smoothly as possible.

18 The most important thing probably is  
19 that we avoid talking over each other so we can  
20 get a clean record of your testimony. So I will  
21 do my best to wait for you to finish answering  
22 before I start asking my next question, and I'd  
23 appreciate if you do the same for me. Fair?

24 A. Okay.

25 Q. And since the record is being

1 transcribed, it's also important that you answer  
2 everything audibly, in words, rather than  
3 uh-huhs or unh-unhs, so we don't get any  
4 confusion on the record. Fair?

5 A. Okay.

6 Q. And I will try to take breaks  
7 periodically, but if at any time you want a  
8 break, I'm happy to do that. My only request is  
9 that if I've asked you a question, that you  
10 answer it before we go off the record, okay?

11 A. Okay.

12 Q. Is there any reason that you won't  
13 be able to provide truthful and accurate  
14 testimony today?

15 A. No.

16 Q. Are you on any medications that  
17 might affect your ability to recall anything?

18 A. No.

19 Q. Great.

20 So did you do anything to prepare  
21 for your deposition today?

22 A. I met with the team from Motley Rice  
23 a couple of times.

24 Q. And how many times did you meet?

25 A. Three.

1 Q. And when was your first meeting?

2 A. It's the holidays. I know the  
3 second -- the third one was yesterday. I'd have  
4 to look at my phone to tell you which days the  
5 others were.

6 Q. Were they within the last month or  
7 so?

8 A. Oh, yes. Yeah.

9 Q. And how long were each of those  
10 meetings?

11 A. About two hours.

12 Q. Did you review documents during  
13 those meetings?

14 A. A few.

15 Q. Did you review any that refreshed  
16 your recollection about the issues in this case?

17 MS. LEYIMU: Object to the form of  
18 the question.

19 A. Not necessarily, no.

20 Q. Have you discussed this deposition  
21 with anyone other than your lawyers?

22 A. No. I mean, my husband knows that  
23 I'm giving it, but he's not that interested.

24 Q. Fair enough.

25 So nothing substantive, I take it?

1           A.       Right.

2           Q.       Okay. And did you review any  
3 documents on your own outside of your meetings  
4 with the lawyers in preparation for today?

5           A.       No. No.

6           Q.       So how long have you lived in Akron?

7           A.       My whole life minus four years.

8           Q.       And have you lived there -- have you  
9 lived in Akron since at least 1996?

10          A.       Oh, yes. I moved back in January of  
11 '88.

12          Q.       And you understand that you're being  
13 deposed today in connection with some ongoing  
14 litigation, correct?

15          A.       Yes.

16          Q.       And what's your understanding of the  
17 subject matter of that litigation?

18          A.       That the city and the county are  
19 suing manufacturers, distributors and some of  
20 the companies that sell opioids.

21          Q.       And what's your understanding of why  
22 the city and county are suing?

23                   MS. LEYIMU: Object to the form of  
24 the question.

25                   You can answer.

1           A.       Because of the crisis that we have  
2       experienced as a result of so many individuals  
3       being addicted to drugs.

4           Q.       And when you say "addicted to  
5       drugs," what drugs are you referring to?

6           A.       All kinds of opioids. That's what  
7       people have been overdosing from is opioids.

8           Q.       And when you say "opioids," to back  
9       up for a minute, what is an opioid?

10          A.       A pain-relieving drug.

11          Q.       And what are some examples of  
12       opioids?

13          A.       OxyContin, hydrocodone, fentanyl,  
14       heroin.

15          Q.       Is Xanax an opioid?

16          A.       I don't think so, but I don't know.

17          Q.       Is methamphetamine an opioid?

18          A.       I don't think so.

19          Q.       What about cocaine?

20          A.       I'm not sure.

21          Q.       Okay. And what's your understanding  
22       of why you specifically have been asked to  
23       testify today?

24                   MS. LEYIMU: Object to the form of  
25       the question.

1           A.       Because I worked for the city during  
2       that time period.

3           Q.       And are you aware that the city has  
4       identified you as somebody who has knowledge  
5       relevant to the issues in this case?

6           A.       I'm not surprised.

7           Q.       And why are you not surprised?

8           A.       Because I was involved in some of  
9       the work that we did to address the problem.

10          Q.       And we'll circle back and talk more  
11       about that throughout the day.

12                   -    -    -    -    -

13                   (Thereupon, Albanese Deposition  
14                   Exhibit 1, Notice of Videotaped  
15                   Deposition of Terry Albanese, was  
16                   marked for purposes of  
17                   identification.)

18                   -    -    -    -    -

19          Q.       I'll start off by just handing you,  
20       as a housekeeping matter, Exhibit 1, which is a  
21       copy of your deposition notice. I'm not going  
22       to ask any questions about that, so you can just  
23       set that to the side.

24                   -    -    -    -    -

25                   (Thereupon, Albanese Deposition

1                   Exhibit 2, Teresa (Terry) Heiselman  
2                   Albanese, Ph.D. Resume, Beginning  
3                   Bates Number AKRON\_000316484, was  
4                   marked for purposes of  
5                   identification.)

6                   -     -     -     -     -

7                   Q.       And here is Exhibit 2. For the  
8                   record, this is a document Bates numbered  
9                   Akron\_000316484. And just let me know when you  
10                  have had a chance to review it and are ready to  
11                  go.

12                  A.       Okay.

13                  Q.       So do you recognize this document?

14                  A.       Yes.

15                  Q.       What is it?

16                  A.       It's an old version of my vita.

17                  Q.       Your resume?

18                  A.       Yes. You can call it a resume.

19                  Q.       You mentioned that it's old, but is  
20                  the information that it does contain accurate as  
21                  of the day --

22                  A.       Yes.

23                  Q.       Okay. And did you personally write  
24                  this?

25                  A.       Yes.



1           Q.       So I want to start out by talking  
2       about your background, and we'll go from kind of  
3       the beginning of your career and walk forward  
4       through the present.

5           A.       Okay.

6           Q.       So where did you go to undergrad?

7           A.       University of Akron.

8           Q.       And did you graduate?

9           A.       Yes.

10          Q.       What was your degree?

11          A.       Psychology.

12          Q.       And after you graduated from the  
13       University of Akron, what did you do?

14          A.       I went to graduate school.

15          Q.       And it looks like, from your resume,  
16       you got a Master's?

17          A.       Yes.

18          Q.       And what was that Master's in?

19          A.       Master of Gerontological Studies,  
20       Master of Arts.

21          Q.       And what is gerontological studies?

22          A.       Gerontology is the study of aging.

23          Q.       And did you do any research or  
24       produce a paper in order to get your Master's?

25          A.       The Master's was an applied program

1     toward a license for nursing home  
2     administration.

3             Q.     And did you obtain a license in  
4     nursing home administration?

5             A.     I did.

6             Q.     And after you got your Master's,  
7     what did you do?

8             A.     I worked for a nursing home in Xenia  
9     and Jamestown, Ohio.

10            Q.     And where are Xenia and Jamestown  
11    located in Ohio?

12            A.     Xenia is about an hour and 15  
13    minutes west of Columbus and Jamestown is within  
14    a half hour south of Columbus.

15            Q.     And what was your title while  
16    working for those nursing homes?

17            A.     Nursing home administrator.

18            Q.     And what did you do as a nursing  
19    home administrator?

20            A.     Everything involved in  
21    administration, in terms of staffing and  
22    assuring that we were following the rules of the  
23    State of Ohio for nursing homes. And I  
24    developed a program around caring for older  
25    adults with Alzheimer's disease or related

1 dementias.

2 Q. And at least some of the residents  
3 of those nursing homes were on prescription  
4 drugs; is that fair?

5 A. Yes.

6 Q. How did they get their prescription  
7 drugs while they were living at the nursing  
8 home?

9 A. In nursing homes the nurses must  
10 provide them.

11 Q. Do the nurses prescribe them as  
12 well?

13 A. No.

14 Q. So prescribed by doctors?

15 A. By doctors, yes.

16 Q. But provided by the nurses?

17 A. Um-hum.

18 Q. And did any of your responsibilities  
19 as a nursing home administrator relate at all to  
20 the prescription drugs or overseeing the  
21 prescription drugs that the residents were  
22 taking?

23 A. Not that I recall. I don't remember  
24 having involvement in that. I'm not clinical,  
25 and there's a director of nursing and a pharmacy

1 consultant.

2 Q. And it looks like, from your resume,  
3 you worked for those nursing homes from 1985 to  
4 1988?

5 A. Um-hum.

6 Q. Is that correct?

7 A. Yes.

8 Q. So what did you do -- so why did you  
9 leave the nursing homes?

10 A. I wanted to go to graduate school to  
11 get my Doctorate in sociology.

12 Q. And is that what you wound up doing?

13 A. Yes.

14 Q. And where did you go to get your  
15 Doctorate?

16 A. University of Akron.

17 Q. And you did get your Doctorate  
18 ultimately, correct?

19 A. Yes.

20 Q. And it looks like you got it in  
21 1995?

22 A. Yes.

23 Q. And what was your doctorate in?

24 A. Sociology.

25 Q. And did you have a particular

1 specialty?

2 A. Medical sociology.

3 Q. And what is medical sociology?

4 A. Well, you can study the sociology of  
5 medicine and sociology in medicine. Because of  
6 my work in the nursing home, I focused on the  
7 relationships between the residents who live in  
8 nursing homes and the staff who worked there.

9 Q. And when you say "staff," what are  
10 you referring to?

11 A. Primarily the nurse's aides, but the  
12 nurses as well.

13 Q. And those nurse's aides and nurses,  
14 are they typically employed by the nursing home?

15 A. Yes.

16 Q. And do nursing homes also typically  
17 employ doctors?

18 A. No. We had doctors, at least where  
19 I worked, who were contracted as our medical  
20 director, and each patient had their own  
21 physician unless they chose to go with the  
22 contracted medical director.

23 Q. And did you write a thesis in the  
24 course of obtaining your Doctorate?

25 A. Yes.

1 Q. And what was your thesis on?

2 A. The relationships between nursing  
3 home residents and nurse's aides.

4 Q. And while you were getting your  
5 Doctorate, did you work?

6 A. I got scholarships and I taught and  
7 I did research with the Benjamin Rose Institute.

8 Q. And what's the Benjamin Rose  
9 Institute?

10 A. It's an organization in Cleveland  
11 that focuses on research and services for older  
12 adults.

13 Q. And you mentioned that you taught as  
14 well, correct?

15 A. Um-hum.

16 Q. What kind of courses did you teach?

17 A. Introduction to Sociology and Family  
18 Sociology. I'd have to look at my list of what  
19 I put because it's been a long time.

20 Q. It says, "Medical Sociology" and  
21 "Sociology of Aging."

22 A. Yes.

23 Q. And were those undergraduate  
24 courses?

25 A. Yes.

1           Q.     And after you obtained your  
2     doctorate, what did you do next?

3           A.     I taught part time.

4           Q.     And did you continue to teach the  
5     same type of courses that you did while you were  
6     a student?

7           A.     Yes, but --

8           Q.     Your resume indicates you were the  
9     campus course director for the BS/MD program?

10          A.     Um-hum.

11          Q.     What did that entail?

12          A.     Northeast Ohio University's Colleges  
13     of Medicine, as it was called at the time, had a  
14     BS/MD program in which students could get  
15     accepted into medical school right out of high  
16     school. So they spent an accelerated two years  
17     at either Akron U, Youngstown State University  
18     or Kent State University. And their very first  
19     course in the summer after they graduated from  
20     high school was a course out at NEOMED, and it  
21     was a community health sciences course and I was  
22     the course director for that.

23          Q.     And this also mentions that you were  
24     the undergraduate program and practicum  
25     coordinator for the Institute for Life Span

1 Development and Gerontology.

2 A. Yes.

3 Q. And what did that entail?

4 A. Helping students find internships  
5 and monitoring those internship programs.

6 Q. Did any of the courses that you  
7 taught at the University of Akron relate in any  
8 way to -- to prescription opioids?

9 A. No, not that I recall.

10 Q. Did they relate in any way to the  
11 prescribing of medication in general?

12 A. No.

13 Q. And you yourself are not a licensed  
14 prescriber, correct?

15 A. No. I do nothing clinical.

16 Q. During the course of your education  
17 from undergrad through your Doctorate, did you  
18 ever learn anything about opioids?

19 MS. LEYIMU: Object to the form.

20 A. You know, I really don't recall the  
21 specifics.

22 Q. And you never did any research  
23 involving prescription opioids, correct?

24 A. I did not.

25 Q. And did you ever do any research



1 involving substance abuse more generally?

2 A. No.

3 Q. And it looks like you taught at the  
4 University of Akron from 1991 to 2006, correct?

5 A. I still teach there on a part-time  
6 basis.

7 Q. And 2013 and 2014 on your resume,  
8 was that also part time?

9 A. Yes.

10 Q. And it looks like you were, for a  
11 period of time, a member of the Akron City  
12 Council, correct?

13 A. Yes.

14 Q. And that was Ward 6?

15 A. Yes.

16 Q. Where is Ward 6?

17 A. The east side of Akron, in the Ellet  
18 neighborhood.

19 Q. And how did you initially get on the  
20 council?

21 A. A friend of mine who was on the  
22 council was going to be appointed as an at-large  
23 member and he was our ward representative, and  
24 he suggested that I would be a good person to do  
25 that.

1 Q. And you accepted?

2 A. I applied, had to apply and go  
3 through the interview process and get appointed  
4 before the next election, and yes.

5 Q. So it looks like you were appointed  
6 in 2001 and then ran in 2001; is that correct?

7 A. Yes. My first election was  
8 9-11-2001.

9 Q. Oh, that's memorable.

10 A. So that's memorable, yes.

11 Q. And so did you campaign for that  
12 position in 2001?

13 A. Yes.

14 Q. And what were the issues you  
15 campaigned on?

16 A. I'm not sure that I remember what  
17 was -- what I thought was important at the time.  
18 I remember housing was an issue and cleaning up  
19 old businesses that were broken down, abandoned  
20 buildings, that sort of thing, quality of life  
21 issues in the neighborhood.

22 Q. And it looks like there was a  
23 two-year term for city council?

24 A. Yes.

25 Q. And you were elected again in 2003,

1 2005 and 2007?

2 A. Yes.

3 Q. And do you remember any of your main  
4 campaign issues in those elections?

5 A. No. I can't say that I do.  
6 Campaigning was not my favorite part of the job,  
7 so --

8 Q. Did you campaign on anything related  
9 to substance abuse?

10 A. No.

11 Q. And so your final term ended in  
12 2009; is that correct?

13 A. Correct.

14 Q. And why did you leave the council?

15 A. Ten years or nine years is a long  
16 time, and -- to represent a ward, and I wasn't  
17 going to run, and then I was asked to run for an  
18 at-large -- there are three at-large  
19 positions -- as part of a trio of three, to run  
20 together, and I agreed to do that, and -- but I  
21 did not win that election.

22 Q. While you were on the council, you  
23 were the committee chair of the Economic  
24 Development and Job Creation Committee, correct?

25 A. Correct.

1 Q. And what did that entail?

2 A. Well, as committee chair, you lead  
3 the meeting.

4 Q. And what kind of issues did the  
5 Economic Development and Job Creation Committee  
6 address?

7 A. During that time we were struggling  
8 with the rubber companies leaving, and Goodyear  
9 was -- had their world headquarters in Akron,  
10 and so a big project was working with them to  
11 stay, and they have stayed and rebuilt their  
12 world headquarters here in Akron and maintain a  
13 strong presence. That was a very big part of  
14 it.

15 Q. And you were also on the Planning,  
16 Public Service, Housing and Parks and Recreation  
17 Committees, correct?

18 A. Correct.

19 Q. Did any of your work on any of these  
20 committees ever touch on substance abuse issues?

21 A. Not that I recall.

22 Q. Did opiate abuse or opiate addiction  
23 ever come up in the context of your work on  
24 these committees?

25 A. Not on these committees.

1           Q.       Do you recall opiate abuse or  
2       addiction coming up at any point during your  
3       tenure on the city council?

4           A.       No.    During those years I think that  
5       there was a methamphetamine problem.   We got  
6       dubbed the meth capital, but what other  
7       communities came to understand is that they had  
8       meth problems as much as we did, we were just  
9       proactive in finding the meth labs and getting  
10      rid of them.   And I believe that was an issue  
11     during the years when I was on council.

12          Q.       So you don't recall there being an  
13      opiate abuse problem or an opiate abuse crisis  
14      while you were on the council?

15                 MS. LEYIMU:   Object to the form.

16          A.       Not that I'm aware of.

17          Q.       So the next item up on your resume  
18      is your experience at NEOMED?

19          A.       Correct.   Yes.

20          Q.       And you were an assistant professor  
21      and adjunct assistant professor there, correct?

22          A.       Correct.

23          Q.       What was your course load while you  
24      were an assistant professor at NEOMED?

25          A.       I was part time, and we -- I was

1 still involved in the BS/MD community health  
2 practicum for the undergraduates as well as the  
3 M4 year community health medicine clerkship when  
4 students were ready to graduate. I assisted  
5 with teaching epidemiology courses and being a  
6 PBL, problem-based learning facilitator, for the  
7 first-year medical students.

8 Q. And did any of your courses that you  
9 taught at NEOMED touch on opiates or  
10 prescription opioids at all?

11 A. Not that I recall.

12 Q. Did any of them touch on substance  
13 abuse more generally?

14 A. There would have been some where  
15 there was some education about physicians in  
16 asking patients about substance abuse, alcohol  
17 abuse. As I recall, there was more focus at the  
18 time on alcoholism.

19 During that period of time post  
20 9-11, there was a lot of effort to focus on  
21 emergency preparedness.

22 Q. And you were an assistant professor  
23 part time from 2000 to 2006, correct?

24 A. Correct.

25 Q. And then in 2006 you became an

1 adjunct assistant professor?

2 A. Correct.

3 Q. And it says here you were a capstone  
4 preceptor for the Consortium of Eastern Ohio  
5 Master of Public Health Program, correct?

6 A. Yes.

7 Q. What did that involve?

8 A. Working with students who were  
9 finishing up their coursework in public health  
10 as a reader and advisor to their capstone  
11 project.

12 Q. And what type of courses did you  
13 teach during this period?

14 A. I didn't teach in the Master of  
15 Public Health program.

16 Q. Did you teach any other courses for  
17 the university?

18 A. No.

19 Q. Are you still an adjunct assistant  
20 professor?

21 A. I think it's -- my tenure has ended.

22 Q. When did it end?

23 A. I'd have to look at the paper that I  
24 used to have on the wall that said -- I want to  
25 say it was 2017 or '18 it probably ended. Since

1 I'm not working in the field, I don't have an  
2 adjunct position there.

3 Q. And in 2006 you started working at  
4 Summa Health System?

5 A. Summa Health System.

6 Q. And that was 2006 to 2013?

7 A. Correct.

8 Q. And you were a research associate  
9 there, correct?

10 A. Correct.

11 Q. And what did that involve?

12 A. I conducted research, mostly with  
13 hospice and palliative medicine but with the  
14 geriatrics department as well. I worked with  
15 the internal medicine residents. I would get  
16 called in occasionally to assist with research  
17 for other residents, ophthalmology. I'm trying  
18 to think of what else.

19 We had a physician who came to us  
20 from Hungary, who was initiating the first  
21 hospice in Hungary, and so she came to learn  
22 from us. So I spent a year working with her and  
23 her research projects while she was at Summa.

24 Q. When you mentioned research  
25 involving hospice and palliative care, was that



1 your personal research or were you assisting  
2 other people?

3 A. It was all team research. There was  
4 very little that's done as an individual.

5 Q. And what kind of subjects did you  
6 research within those fields?

7 A. Much of it was around cost  
8 effectiveness of palliative care, of having a  
9 palliative care unit, a palliative care service.

10 Q. And just to back up for a minute,  
11 what is palliative care?

12 A. Palliative care is most simply known  
13 as comfort care. We often associate it with  
14 end-of-life care, with hospice care. When the  
15 goal is no longer a cure but comfort, maximizing  
16 quality of life for as long as life lasts.

17 Q. So these are patients that are often  
18 in severe pain?

19 MS. LEYIMU: Object to the form.

20 A. Not all cancer patients and dying  
21 patients have pain, so I don't know that you  
22 could say that this is something that all  
23 patients experience.

24 Q. And did you ever, in the context of  
25 researching cost effectiveness -- can you talk a

1 little bit more about what that means in the  
2 context of palliative care?

3 A. Okay.

4 So in the work that I did, we would  
5 have a list of patient numbers; patients, for  
6 example -- this is one of the studies -- where  
7 they were in the ICU and had a palliative care  
8 consult and transferred to the palliative care  
9 unit, and we compared those patients with  
10 similar patients who did not have a palliative  
11 care consult but died in the intensive care  
12 unit.

13 Q. So if I'm understanding at a general  
14 level, it was cost effectiveness of a dedicated  
15 palliative care unit versus the ICU?

16 A. Um-hum. In a palliative care unit,  
17 you can focus on the comfort of the patient and  
18 the family for whatever life they have left.  
19 It's harder to do in an intensive care unit that  
20 isn't designed to have family around, and it's  
21 difficult to have that same level of comfort for  
22 both the patient and the family in that kind of  
23 environment. It's designed to save lives.  
24 Palliative care units are designed for comfort.

25 Q. In your research did you ever

1     compare the cost effectiveness of different  
2     options for increasing the patient's comfort,  
3     for example, different medications?

4             A.     No. No. It was the -- the focus  
5     was more on the total cost.

6             Q.     Did you ever look into total cost in  
7     terms of providing the patients with medication  
8     versus other options for providing palliative  
9     care?

10            MS. LEYIMU: Object to the form.

11            A.     I'm not sure what you mean by  
12     other -- can you restate the question?

13            Q.     Yes. That was a -- I think I  
14     confused myself with the question, too.

15                    When you talk about making patients  
16     more comfortable in the palliative care context,  
17     what does that involve in terms of what's being  
18     done for those patients?

19            A.     That can mean many things. That can  
20     mean pain management obviously, but it can mean  
21     massage therapy, it can mean music, it can mean  
22     having pets come and visit. It means what it  
23     means to each patient, so it can be whatever.

24                    I had a friend who was on the unit,  
25     and what he wanted was a McDonald's breakfast

1 sandwich every morning, so when I came to work,  
2 I stopped at McDonald's and I brought him one.  
3 So it can be all kinds of things. My aunt had  
4 her granddaughter singing show tunes. So yeah,  
5 it can mean a variety of things as well as pain  
6 management and things that we think of more  
7 traditionally in medical care.

8 Q. So if I'm understanding correctly,  
9 palliative care would involve a pain management  
10 component and then also individual -- also  
11 individual things that are customized to every  
12 patient?

13 A. It was all customized.

14 MS. LEYIMU: I'm going to object to  
15 the form.

16 You can answer.

17 Q. Did any of your palliative care  
18 research relate to or examine the use of  
19 prescription opioids in palliative care?

20 A. No.

21 Q. And have you -- my question was  
22 specific to palliative care, but to back up, any  
23 of your research in any context relate to  
24 prescription opioids?

25 MS. LEYIMU: Object to the form.

1 A. No.

2 Q. Your resume says you were appointed  
3 the chair of the Interdisciplinary Consortium on  
4 Aging Research and Education; is that correct?

5 A. Where is that?

6 Q. That is the third bullet point.

7 A. Oh, yes, ICARE.

8 Q. What's ICARE?

9 A. It was our Interdisciplinary  
10 Consortium on Aging Research and Education. It  
11 was a group of individuals from Summa, from  
12 NEOMED, and I don't remember all the  
13 organizations, who were interested in advancing  
14 research in care of the older adults.

15 Q. And is ICARE run by Summa?

16 A. It doesn't exist anymore.

17 Q. Okay. When it did, was it run by  
18 Summa?

19 A. What do you mean by "run by"? There  
20 was no funding -- let's put it that way -- but  
21 it was initiated by the physician who was the  
22 head of geriatrics at the time at Summa. But it  
23 was a collaborative group, not a formal group,  
24 in terms of a group that had a budget.

25 Q. The last bullet point under Summa

1 says that -- under your experience at Summa says  
2 that you were on the Home Health and Hospice  
3 Professional Advisory Board,  
4 Quality/Professional Practice Committee.

5 Do you see that?

6 A. Yes.

7 Q. And what did that involve?

8 A. Attending meetings -- I don't  
9 remember if it was a quarterly basis or not --  
10 in which they would report out on their status  
11 and various factors and quality to the extent  
12 that they were meeting the goals of the  
13 organization.

14 Q. And what does professional practice  
15 refer to in this context?

16 A. I'm not really sure. I don't  
17 remember.

18 Q. Did this committee handle anything  
19 related to compliance with prescribing  
20 guidelines?

21 A. Not that I recall.

22 Q. And then in 2014 you became the  
23 manager of medical education for Summa; is that  
24 correct?

25 A. Correct.

1 Q. And what did that involve?

2 A. Managing their residency program  
3 from the time that residents -- medical  
4 residents are selected to come to Summa, to do  
5 their program, to provide the orientation -- not  
6 provide. Our department organized the  
7 orientation, and we organized their graduation  
8 at the end, and we also managed the students who  
9 did rotations from the medical schools, and  
10 continuing medical education was also a part of  
11 our department.

12 Q. And that was not a clinical role,  
13 correct?

14 A. No, it was not a clinical role.

15 Q. And you did that for about one year?

16 A. No. It was about four months, maybe  
17 five months, January until -- January until May.

18 Q. And then in May 2014 what did you  
19 do?

20 A. In June of 2014 I started working  
21 for the mayor of Akron.

22 Q. And how did you -- what was your  
23 title when you started working for the mayor?

24 A. Assistant to the mayor for  
25 education, health and families.

1 Q. And how did you get the job?

2 A. I've known the mayor for many years,  
3 and in 2013, when I was laid off from Summa, at  
4 the end of 2013, when I did not have a job, I  
5 called upon him to ask him if he could kind of  
6 help guide me, if he heard of anything, if he  
7 could be a resource for me, and -- and then I  
8 got the call from Summa that I was hired. So I  
9 canceled my appointment with him because I  
10 didn't need that anymore, I had a job.

11 And he called me back anyway and  
12 said, "I think we should talk about your  
13 employment." So we did, and decided to give it  
14 some time. And then in April he called me and  
15 asked me if I would come and work in the mayor's  
16 office for him, and I agreed to do that.

17 Q. And your position as assistant for  
18 education, health and families, was that a new  
19 position or --

20 A. Yes.

21 Q. And did you -- at the time you took  
22 the position did you have an understanding of  
23 why the mayor was creating that position?

24 A. That mayor, Plusquellic, was very  
25 much interested in education, and having a



1 scholarship program, like some communities have,  
2 in which all students have access to college  
3 scholarships by virtue of being Akron residents.  
4 And while I was on council he had an idea -- I  
5 didn't support it -- and -- which is why  
6 everyone was surprised when he hired me, because  
7 once you cross him, you don't often get back  
8 into his good graces.

9           So when I came on, one of my -- the  
10 responsibilities that I took on was to try to  
11 fix the holes that I thought that he had in his  
12 idea about how to fund and how to manage a  
13 scholarship like that. And so, yeah, that was a  
14 big part of my return, at least in my eyes, was  
15 to help him to further that in a way that I  
16 could support.

17           Q.     And were you able to get that  
18 scholarship program off the ground?

19           A.     We did not. We -- I put together a  
20 lot of work. I did a lot of research. I met  
21 with Para Jones from Stark State and talked to  
22 her about it. And getting the funding for it  
23 was the bigger problem.

24                   As it -- I also shared the  
25 information that I had with the LeBron James

1 Family Foundation, and they have since created  
2 one that looks very similar to the work I did  
3 for the young people who are a part of the  
4 LeBron James Family Foundation.

5 So my work wasn't totally wasted.  
6 Other people were able to use it. And yeah.  
7 So -- but it just didn't happen in the way the  
8 mayor had hoped.

9 Q. And it was Mayor Plusquellic you  
10 said who initially brought you into the cabinet?

11 A. Um-hum.

12 Q. And how much longer after you joined  
13 the cabinet was he the mayor?

14 A. He left in -- gosh -- oh, gosh.  
15 Well, if Danny came on in '16, he left in '15.

16 Q. And -- sorry.

17 A. I believe that he announced that he  
18 was going to retire in May of 2015.

19 Q. And then it looked like from my  
20 research, there were a couple of people who held  
21 the position or responsibilities for a short  
22 period of time?

23 A. Yes. We had our struggles for a few  
24 months there.

25 Q. And I think it was Garry Moneypenny

1 and Jeff Fusco were the two?

2 A. Correct.

3 Q. And then Mayor Horrigan was elected?

4 A. Was elected.

5 Q. And he's been the mayor ever since  
6 then?

7 A. Correct.

8 Q. So when Mayor Horrigan took office,  
9 did you have to do anything to retain your  
10 position?

11 A. I sent him my resume and indicated  
12 my interest in working for him. This was not a  
13 surprise to him. We've known each other since  
14 we served on council together. I always thought  
15 he would make a good next mayor. So it was a  
16 pleasure to be able to work with him.

17 Q. And did he have any specific  
18 projects in mind for you when -- or did he task  
19 you with any specific projects when he took  
20 office?

21 A. Early on -- he had a blue ribbon  
22 committee that guided him on a lot of issues,  
23 but a lot that focused around economic  
24 development and strengthening the city's  
25 financial situation and -- so early on it was a

1 lot of figuring it out. He had not been in the  
2 mayor's office. He was the clerk of courts. So  
3 figuring out what it was we really needed to be  
4 doing.

5 One of the things that I had worked  
6 on prior to his becoming mayor was infant  
7 mortality, and there was a demand from the  
8 community, even before he became mayor, to do  
9 something about the high rates of infant  
10 mortality among black infants in the City of  
11 Akron, so that was one very specific and clear  
12 issue that we knew we would be addressing.

13 Q. Were there any other specific issues  
14 that you can recall as of 2016 as things that  
15 you, as the assistant for education, health and  
16 families, would be addressing?

17 A. There were a lot of things that I  
18 was involved in with the former mayor with  
19 regard to the hospitals, education, the  
20 non-profits around the social determinants of  
21 health, and particularly for me, with the former  
22 mayors, with minority health. But early on I  
23 think it was to figure out what we should be  
24 doing, not just doing it the way -- things the  
25 way they've always been done before, but

1     figuring out where we needed to focus our  
2     attention.

3             Q.     And are you currently employed?

4             A.     I will be teaching part time at the  
5     University of Akron this month. Outside of  
6     that, no.

7             Q.     And when did you leave the mayor's  
8     office?

9             A.     One year ago today.

10            Q.     And why did you leave?

11            A.     It was a layoff.

12            Q.     And when you begin teaching at  
13     Akron, what will you be teaching?

14            A.     The interdisciplinary course on life  
15     span development and gerontology.

16            Q.     So I understand from our discussion  
17     about your background that you have not done  
18     clinical work; is that fair?

19            A.     Correct.

20            Q.     But during the course of your career  
21     have you ever -- have you become familiar at all  
22     with the closed system of distribution for  
23     controlled substances like prescription opioids?

24                    MS. LEYIMU: Object to the form.

25            A.     I'm not sure what that means.

1           Q.       Do you know what a wholesale  
2       pharmaceutical distributor does?

3           A.       No.

4           Q.       Do you know whether there are any  
5       constraints or limits on a drug manufacturer's  
6       manufacturing of prescription opioids?

7                   MS. LEYIMU:   Object to the form.

8           A.       You'd have to ask the question  
9       again.

10          Q.       Do you know whether any entity  
11       places limits on the amount of prescription  
12       opioids that can be manufactured?

13                  MS. LEYIMU:   Same objection.

14          A.       That's not something that I have  
15       knowledge of.

16          Q.       Have you ever heard the term  
17       "suspicious order" in the context of controlled  
18       substance distribution?

19          A.       No.

20          Q.       So I have a long list of names, and  
21       all I want to know is whether you, in the  
22       context of your professional career, have had  
23       any dealings with any of these entities, okay?

24          A.       Okay.

25          Q.       Cardinal Health?

1           A.       I don't think so.

2           Q.       Let me -- I'll back up and say, have  
3 you ever heard of an entity called  
4 AmerisourceBergen?

5           A.       No.

6           Q.       So no dealings with anyone from  
7 AmerisourceBergen?

8                   MS. LEYIMU: I'll object to the  
9 form.

10          A.       That doesn't mean anything to me, so  
11 if I did, I don't remember, but no.

12          Q.       Any dealings with any employee of  
13 McKesson Corporation?

14          A.       No.

15          Q.       What about Prescription Supply,  
16 Inc.?

17          A.       No.

18          Q.       H.D. Smith?

19          A.       No.

20          Q.       Anda, A-n-d-a?

21          A.       No.

22          Q.       Miami Luken?

23          A.       No.

24          Q.       Henry Schein?

25          A.       No.

1 Q. Purdue Pharmaceuticals?

2 A. No.

3 Q. Teva?

4 A. No.

5 Q. Cephalon?

6 A. No.

7 Q. Johnson & Johnson?

8 A. No.

9 Q. Janssen?

10 A. No.

11 Q. Noramco?

12 A. No.

13 Q. Endo?

14 A. No.

15 Q. Par?

16 A. No.

17 Q. Allergan?

18 A. No.

19 Q. Actavis?

20 A. No.

21 Q. Watson Pharmaceuticals?

22 A. No.

23 Q. SpecGx?

24 A. No.

25 Q. Insys?



1 A. No.

2 Q. Mallinckrodt?

3 A. No.

4 Q. So a few more that you have probably  
5 heard of.

6 You're familiar with Walmart?

7 A. Correct.

8 Q. Have you ever had any professional  
9 dealings with anyone from Walmart in the context  
10 of Walmart's pharmacy or pharmaceutical  
11 distribution?

12 MS. LEYIMU: Object to the form of  
13 the question.

14 A. No.

15 Q. Any professional dealings with  
16 anyone from Walgreens?

17 A. No.

18 MS. LEYIMU: Same objection.

19 Q. Rite-Aid?

20 MS. LEYIMU: Same objection.

21 A. No.

22 Q. CVS?

23 MS. LEYIMU: Same objection.

24 A. No.

25 Q. That's my list. Thank you.

1                   So earlier on I think you referred  
2                   to an opiate crisis. Am I recalling that  
3                   correctly?

4                   MS. LEYIMU: Object to the form.

5                   A. I don't know if I said that or not.

6                   Q. Fair enough.

7                   So have you ever heard the phrase  
8                   "opiate epidemic" before?

9                   A. Yes.

10                  Q. And when you hear that phrase,  
11                  "opiate epidemic," what do you understand that  
12                  to mean?

13                  A. We have had a very large, and  
14                  through 2016 especially, but into '17, number of  
15                  people who have overdosed in the City of Akron  
16                  as a result of opioids.

17                  Q. So in your mind do you equate the  
18                  epidemic with the overdoses?

19                  MS. LEYIMU: Object to the form.

20                  A. I think that it's more than just  
21                  overdosing; it's people who are addicted.

22                  Q. And are there any opioids in  
23                  particular that have caused people in Akron to  
24                  overdose since 2016, 2017?

25                  MS. LEYIMU: Object to the form of

1 the question.

2 A. I don't have that information.

3 Q. Do you know whether the overdoses  
4 are attributable to prescription opioids versus  
5 illegal opioids?

6 MS. LEYIMU: Object to the form.

7 A. I wouldn't have that information  
8 either.

9 Q. And when you said that we are  
10 experiencing an opioid epidemic, who is the  
11 "we"?

12 A. The City of Akron and Summit County.

13 Q. And you mentioned 2016 and 2017.  
14 What are the significance of those years in  
15 particular?

16 A. I think in the summer of 2016 was  
17 when we saw the increase, the dramatic increase  
18 in EMS calls for overdoses.

19 Q. And how did you become aware of  
20 that?

21 MS. LEYIMU: Object to the form.

22 A. At some point, and I don't recall  
23 exactly when, as we learned about this problem  
24 and its growth, the Summit County Health  
25 Department provided us with updates on the

1 number of overdoses and deaths that were  
2 occurring on an at least weekly basis.

3 Q. Do you believe that there was an  
4 opioid epidemic in the City of Akron before  
5 2016?

6 MS. LEYIMU: Object to the form.  
7 You can answer.

8 A. We were working on -- there was an  
9 opiate task force as early as 2014.

10 Q. But was there an epidemic before  
11 2016?

12 MS. LEYIMU: Object to the form.

13 A. I don't recall when we began to call  
14 it an epidemic.

15 Q. Based on what you saw from your  
16 position in the mayor's office, did you think  
17 there was an epidemic before 2016?

18 MS. LEYIMU: Object to the form of  
19 the question.

20 A. Yeah. I don't know when I came to  
21 that understanding or that thought. I knew that  
22 there were people who were working on it, our  
23 police, Akron fire and paramedics, Summit  
24 County, the ADM Board. But when anyone decides  
25 to call something an epidemic is --

1           Q.       I understand that different people  
2       might have different opinions on when exactly it  
3       became an epidemic, but from your perspective,  
4       when did it rise to the level of an epidemic in  
5       Akron?

6                   MS. LEYIMU:   Object to the form.  
7       Asked and answered.

8           A.       I don't have a date for you on that.  
9       I don't know.

10          Q.       What was the triggering event that  
11       made it an epidemic?

12                  MS. LEYIMU:   Object to the form of  
13       the question.

14          A.       I can't say that there was such an  
15       event.   There was a growth over time, and  
16       without the data in front of me, I can't give  
17       you an exact time.

18                  MS. LEYIMU:   We've been going for  
19       over an hour now.   Can we take our first break?

20                  THE VIDEOGRAPHER:   Off the record at  
21       10:08 a.m.

22                               (Recess had.)

23                  THE VIDEOGRAPHER:   Back on the  
24       record at 10:21 a.m.

25       BY MS. McNAMARA:

1 Q. Welcome back.

2 A. Thank you.

3 Q. Before we went on break, we were  
4 talking about an opiate epidemic in Akron. Do  
5 you recall that?

6 A. Um-hum. Yes.

7 Q. While you were in the mayor's  
8 office -- so to set aside the term "epidemic"  
9 for a moment, while you were in the mayor's  
10 office, did you see any indication that there  
11 was an opiate abuse problem in Akron before  
12 2016?

13 MS. LEYIMU: Object to the form.

14 A. Under Mayor Plusquellic an opiate --  
15 not in his administration but during that time  
16 period an opiate task force had been convened,  
17 and I would attend those meetings, and Akron  
18 Police and Akron Fire attended those as well.  
19 At the time I understood the problem to be one  
20 that was a problem of law enforcement, and so  
21 that was at the -- early on. The efforts that  
22 were being done that I was aware of were through  
23 mostly police and fire. And when I say police  
24 and fire, that also means the paramedics.

25 Q. And when you say you understood it

1 to be a problem of law enforcement, what do you  
2 mean by that?

3 A. When I think of people who abuse  
4 drugs, I think of that as an illegal activity.

5 I also had a neighbor -- I think it  
6 was before I began working in the mayor's office  
7 -- who was an Akron police officer who had a  
8 canine, he was training a puppy for the K9 unit,  
9 and when he was out in the back, I had to go out  
10 and see the dog and asked him about what he was  
11 doing, and he was training the dog to be able to  
12 sniff out heroin, and that was one of the first  
13 times that I learned that heroin was a problem  
14 on the streets. And so that was my earliest  
15 knowledge of when the problem began.

16 Q. And about when was that?

17 A. Sometime between 2010 and 2013, I'm  
18 thinking.

19 Q. And when you said abusing drugs is  
20 an illegal activity, is that true even if the  
21 drugs are available through a prescription?

22 MS. LEYIMU: Object to the form of  
23 the question.

24 A. It's -- I guess I don't know that  
25 much about the law. If you're selling

1 prescription drugs on the streets, that's an  
2 illegal activity. What one does with the  
3 prescriptions the doctor gives them, I don't  
4 know when it becomes legal or not. That's not  
5 my area of expertise.

6 - - - - -

7 (Thereupon, Albanese Deposition  
8 Exhibit 3, Document Entitled  
9 "Community Health Needs Assessment  
10 Year 2013, Summa Health System,"  
11 Beginning Bates Number  
12 AKRON\_000316728, was marked for  
13 purposes of identification.)

14 - - - - -

15 Q. I'm handing you Exhibit 3. This is  
16 a document that's Bates labeled Akron\_000316728,  
17 and the cover page says, "Community Health Needs  
18 Assessment Year 2013, Summa Health System."

19 Have you seen this document before?

20 A. I don't recall. I don't think I  
21 have.

22 Q. Did you -- so the document, the  
23 front page of the document indicates that it was  
24 created in -- or it relates to year 2013. Do  
25 you see that?



1           A.       Um-hum.

2           Q.       And that's while you were employed  
3 by Summa Health System?

4           A.       Correct.

5           Q.       And do you know what department or  
6 group within Summa would have put this document  
7 together?

8           A.       No. It says in here for copies --  
9 it may have been Roxia Boykin, because that's  
10 who you go to for copies, but I don't know who  
11 led it.

12          Q.       And did you have any input into the  
13 community health needs assessment described in  
14 this document?

15          A.       No.

16          Q.       This is going to be Exhibit 4, which  
17 is Bates labeled Akron\_000316756, and the cover  
18 page says, "Implementation Strategy 2013 to  
19 2015, Summa Health System." And my first  
20 question is just going to be if you've seen it  
21 before.

22                   -    -    -    -    -

23                   (Thereupon, Albanese Deposition

24                   Exhibit 4, Document Entitled

25                   "Implementation Strategy 2013-2015

1 Summa Health System," Beginning  
2 Bates Number AKRON\_000316756, was  
3 marked for purposes of  
4 identification.)

5 - - - - -

6 A. Let me look through and see if -- I  
7 don't recall seeing it before.

8 Q. And did you have any input into the  
9 contents of the implementation strategy  
10 described in Exhibit 4?

11 A. No.

12 Q. You had mentioned that Summit County  
13 had an opiate task force. Were you a member of  
14 that task force?

15 A. I attended. I don't know what  
16 membership would have entailed, but I was on the  
17 list to become aware of it and to attend.

18 Q. And how often did you attend?

19 A. I don't recall. I don't recall how  
20 often they had the meetings, if it was monthly  
21 or quarterly, so --

22 Q. Did you try to attend every meeting?

23 A. I tried to attend those that I  
24 could, and we had -- there's always a meeting  
25 and lots of competing meetings.

1           Q.       About how many meetings do you  
2 recall attending?

3                   MS. LEYIMU:   Object to the form.

4           A.       Yeah.   I don't know, honestly.

5           Q.       More than ten?

6                   MS. LEYIMU:   Same objection.

7           A.       I don't know, honestly.

8           Q.       Have you attended any meetings since  
9 you left the mayor's office?

10          A.       No.

11          Q.       And when you were attending  
12 meetings, were you there as a representative of  
13 the mayor's office or were you there in your  
14 personal capacity?

15          A.       I was there as a representative of  
16 the mayor's office.

17          Q.       Did you participate in any specific  
18 initiatives run by the opiate task force?

19          A.       No.

20                   Akron police and fire were also  
21 involved, and their role was more specific to  
22 the initiatives of the task force it seemed.  
23 For me it was -- to attend was more to keep up  
24 to date on what was going on rather than  
25 participating in anything specific.

1           Q.       Were you a member of any committees  
2 of the opiate task force?

3           A.       No.

4           Q.       This will be Exhibit 5.

5                   -       -       -       -       -

6                   (Thereupon, Albanese Deposition  
7 Exhibit 5, E-Mail String, Beginning  
8 Bates Number AKRON\_000316317, was  
9 marked for purposes of  
10 identification.)

11                   -       -       -       -       -

12           Q.       This is a document Bates labeled  
13 Akron\_000316317. The top e-mail in this chain  
14 is from Terry Albanese to Mary Alice Sonnhalter  
15 dated July 15th, 2014.

16                   Do you see that?

17           A.       Um-hum.

18           Q.       And do you remember this particular  
19 e-mail chain?

20           A.       Vaguely, yes.

21           Q.       And the subject line is "Re: Heroin  
22 task force." Do you see that?

23           A.       Um-hum.

24           Q.       Now, who is Ms. Sonnhalter?

25           A.       She's -- it says on here she's the

1 manager of community relations at the ADM Board.

2 Q. And the first e-mail in this chain  
3 went from you to her, correct?

4 A. Yes.

5 Q. So you wrote the subject line  
6 "Heroin task force," correct?

7 A. Um-hum.

8 Q. Why did you refer to it as a heroin  
9 task force?

10 MS. LEYIMU: Object to the form.

11 A. It's probably my shorthand. You  
12 know, we used heroin and opiate task force  
13 and -- as interchangeable. Yeah. It was just a  
14 matter of selection of words.

15 Q. So do you view heroin and opiate as  
16 interchangeable?

17 MS. LEYIMU: Object to the form.

18 A. They're both opiates. So, I mean,  
19 heroin is an opiate. So yeah. It's just kind  
20 of shorthand.

21 Q. There are other types of opiates  
22 other than heroin, correct?

23 A. Um-hum.

24 Q. And were you mentioning heroin task  
25 force here because heroin was a particular

1 concern as of July 2014?

2 MS. LEYIMU: Object to the form of  
3 the question.

4 A. Heroin is the street drug that I was  
5 most familiar with in terms of being a problem.  
6 So it would make sense that I would use that  
7 term because I didn't know, you know, what all  
8 others might have been out there, but heroin was  
9 one I was familiar with.

10 Q. In the first paragraph of your  
11 initial e-mail you say, "It was a pleasure  
12 meeting with you -- it was a pleasure meeting  
13 you yesterday. I spoke with Dr. Radwany about  
14 the Schwartz rounds and they just did a heroin  
15 case a couple of months ago."

16 What are the Schwartz rounds?

17 A. The Schwartz rounds are lunchtime  
18 meetings open to everyone at Summa that usually  
19 addressed some issue in medicine or some ethical  
20 issue, that was a way of sharing information,  
21 educating staff members who wanted to attend  
22 about various issues that the hospital was  
23 facing.

24 Q. If I understand your e-mail  
25 correctly, Dr. Radwany said they had a Schwartz

1 round meeting about a heroin case?

2 A. Yes.

3 Q. And did you attend the Schwartz  
4 rounds while you were employed by Summa?

5 A. Some of them, yes.

6 Q. Do you recall ever attending one  
7 that discussed heroin?

8 A. I was not at that one, no.

9 Q. Do you recall attending one that  
10 discussed prescription drug abuse?

11 A. No. I did not attend any like that.

12 Q. Or prescription drug overdose?

13 A. No.

14 Q. And beginning in or around July  
15 2016, do you recall receiving periodic reports  
16 on overdoses?

17 A. We would get reports from Rick  
18 Marountas from Summit County Health Department.

19 - - - - -

20 (Thereupon, Albanese Deposition  
21 Exhibit 6, E-Mail String Beginning  
22 Bates Number AKRON\_000315875, was  
23 marked for purposes of  
24 identification.)

25 - - - - -

1           Q.       This will be Exhibit 6. This is an  
2       e-mail Bates numbered Akron\_000315875. So the  
3       top e-mail in this chain looks like an e-mail  
4       from you at Akron Ohio to a Yahoo account; is  
5       that correct?

6           A.       Um-hum.

7           Q.       And is that your personal e-mail  
8       account?

9           A.       Yes.

10          Q.       So you forwarded this report from  
11       your work e-mail to your personal e-mail?

12          A.       Yes.

13          Q.       And was that a typical practice for  
14       you?

15                   MS. LEYIMU: Object to the form.

16          A.       I'm embarrassed to say that I didn't  
17       know for a very long time that I could get to my  
18       work e-mails from home, and so when there was  
19       something that I might have wanted to read after  
20       hours, I would send it to myself so that I could  
21       read it after hours. So it was something I did  
22       on occasion, until I learned otherwise.

23          Q.       And was it something that you did  
24       before you joined the mayor's office?

25                   MS. LEYIMU: Object to the form of



1 the question.

2 A. I don't understand the question.

3 Q. Sorry. So did you start to do this  
4 after you joined the mayor's office?

5 MS. LEYIMU: Object to the form.

6 A. Before I joined the mayor's office  
7 there would be no reason. I wouldn't have  
8 e-mails in the mayor's office to forward. So  
9 that question makes no sense to me.

10 Q. Fair enough.

11 When you were employed by Summa, did  
12 you have a Summa e-mail address?

13 A. Yes.

14 Q. And did you ever forward e-mails  
15 from your Summa e-mail address to your Yahoo  
16 account?

17 A. I had access to them from home, so I  
18 didn't need to do that.

19 Q. For how long approximately were you  
20 forwarding e-mails from your work e-mail at the  
21 mayor's office to your Yahoo account?

22 MS. LEYIMU: Object to the form of  
23 the question.

24 A. I mean, I don't know. Yeah. I  
25 don't know when I got that access. Just on

1 occasion, and if I wanted to read something,  
2 like I said, after hours.

3 Q. And in this case the e-mail you  
4 forwarded was a daily and weekly overdose update  
5 report from Rick Marountas, correct?

6 A. Right.

7 Q. And is this -- and is the report an  
8 example of the type of reports you would receive  
9 during that time period?

10 A. Yes.

11 Q. So this is typical of the  
12 information you were receiving?

13 A. Yeah. Well, this one was -- from  
14 Rich was more of a summary. The ones that we  
15 got more frequently were -- didn't include all  
16 of this, as I recall. It was just a daily  
17 update or a weekly update. This happened to be  
18 one that he prepared that covered a longer  
19 period of time, with the four-page document with  
20 additional details. He didn't send those every  
21 week.

22 Q. Was there any information in these  
23 overdose reports that you specifically were  
24 interested in in your capacity as assistant to  
25 the mayor?

1           A.       I don't think so. I think in their  
2       entirety, just to read what information he had  
3       to try to understand the issues and the problem  
4       at hand.

5           Q.       And were you doing any work specific  
6       to or relating to these overdoses?

7                   MS. LEYIMU: Object to the form of  
8       the question.

9           A.       At the latter half of 2016 Charles  
10      Brown and representatives from police and fire,  
11      we would meet to look at the things that came  
12      our way around solutions, ideas. Occasionally  
13      there would be somebody who would say, "I've got  
14      this great idea for a treatment program. I only  
15      need 4 million dollars. The city doesn't have  
16      money for this."

17                   And then everybody who has a problem  
18      suggests going to the LeBron James Family  
19      Foundation. They have their -- they have their  
20      own plan. But people think that we have access  
21      to the LeBron James Family Foundation folks, and  
22      we don't direct what they do with their funds  
23      and their programs.

24                   But we needed to vet what ideas  
25      coming before us might be good ideas, might not

1 be good ideas, was there evidence of their  
2 effectiveness, just looking for somebody who had  
3 a great idea, looking for money to start a  
4 business and capitalize on the issue. And so we  
5 began to look at those things because we wanted  
6 to do more in the city to address the issue, and  
7 it was through that that we began the quick  
8 response teams.

9 Q. So when you were looking at issues,  
10 you were considering ideas and whether or not  
11 they might be effective in combating the opiate  
12 epidemic in Akron?

13 A. There were a number of issues that  
14 came up. People were seeking help with getting  
15 treatment. There were a lot of complaints about  
16 not having access to treatment. So yeah, there  
17 were a number of things that could come our way,  
18 people had ideas about how to solve the problem.

19 Q. And would you help people get  
20 funding for those ideas?

21 A. No. That's not our role. But we  
22 did want to look at them to see what was  
23 something that was within our realm to  
24 implement. We're not providers of healthcare,  
25 and so a lot of times it could be a referral to

1 others. That's not a surprise. People came to  
2 us with solutions about youth violence, about  
3 infant mortality. People want to solve  
4 problems, and we're a stopping point to pass  
5 ideas along to.

6 Q. So you would try to refer people who  
7 brought ideas to the relevant entities?

8 A. Yes. Depending on what it was,  
9 yeah.

10 Q. And what particular expertise did  
11 you bring to that group?

12 A. What group?

13 Q. You mentioned in the latter half of  
14 2016 Charles Brown, yourself, representatives of  
15 the police department and fire department would  
16 meet.

17 A. If there were programs or anything  
18 that there was some research evidence that  
19 needed to be vetted, that would have been  
20 something that was within my expertise.

21 Q. And were those meetings with Charles  
22 Brown and police and fire specific to opiates?

23 A. Yes.

24 Q. And how often did that group meet?

25 A. I don't recall. Maybe once a month.

1           Q.       And when was the group first  
2 convened?

3           A.       Sometime in the latter half of 2016.

4           Q.       And did you continue to meet  
5 throughout the remainder of your tenure in the  
6 mayor's office?

7           A.       I don't recall exactly. Once we  
8 started the quick response teams, I think the  
9 focus was then on monitoring that for  
10 effectiveness.

11          Q.       And what are quick response teams?

12          A.       Quick response teams are within so  
13 many days of an overdose, a representative from  
14 police, EMS and then a mental health counselor,  
15 somebody from the mental health field knock on  
16 the door and offer assistance and help.

17                   It was our understanding from the  
18 other communities who used those that this was  
19 the time when people were most vulnerable and  
20 open to help, and so it was important to try to  
21 reach them when they were most open to receiving  
22 help, and to be there as an offer of help, not  
23 law enforcement, but merely to be helpful. They  
24 did not have any arrest powers. They did not  
25 have -- they were not there for law enforcement.

1 They were there simply to offer help and  
2 support -- to help get people into treatment.

3 Q. And you mentioned other communities  
4 having those programs. Were there any other  
5 communities in Summit County that had quick  
6 response teams?

7 A. I don't remember which others, but  
8 there were others who started them around the  
9 same time. We went to a training in Green at  
10 the end of 2016, I believe it was, and from that  
11 I think there were several communities who  
12 looked into doing that.

13 Q. And were the quick response teams an  
14 initiative that was offered or provided by the  
15 City of Akron?

16 A. Yes, in collaboration with Summit  
17 County Public Health and the ADM Board.

18 Q. Were they funded by the City of  
19 Akron?

20 A. Our staff members were.

21 Q. And which of the staff members would  
22 be considered Akron staff members?

23 A. The police, fire.

24 Q. And so the mental health counselor  
25 would be from some other entity?

1           A.       I can't say who funded them. I  
2       don't know where the total funding came. I just  
3       know that, for certain, it would have been Akron  
4       police and Akron EMS and fire that Akron  
5       covered.

6           Q.       Do you know for sure that Akron did  
7       not cover the mental health counselor?

8                   MS. LEYIMU: Object to the form of  
9       the question.

10          A.       I don't know who paid for the mental  
11       health counselor.

12          Q.       The quick response teams --

13          A.       I may have used the wrong term,  
14       "mental health counselor." It might have  
15       been -- addiction counselor is probably the  
16       better term. But they were from Summit County  
17       Public Health and the ADM Board. It would have  
18       been an appropriate professional.

19          Q.       And quick response teams, they  
20       weren't limited to opiate overdoses, correct?

21                   MS. LEYIMU: Object to the form.

22          A.       Anyone who overdosed, and there were  
23       other criteria. We did not interfere with  
24       people who already had a relationship with the  
25       courts for treatment, so the -- they had a



1 criteria for vetting who was appropriate for a  
2 visit from the quick response team and who  
3 wasn't.

4 Q. The quick response teams visited  
5 both opiate overdose victims and non-opiate  
6 overdose victims, correct?

7 MS. LEYIMU: Object to the form of  
8 the question.

9 A. You would have to ask them about the  
10 specific criteria that they used to determine  
11 who they visited.

12 Q. And who would be the most  
13 knowledgeable people about the criteria?

14 A. Chief Natko, Deputy Chief Natko.

15 Q. I neglected to mention something on  
16 your resume, but you were also a member of the  
17 board for community support services; is that  
18 correct?

19 A. Yes.

20 Q. And are you still a board member?

21 A. No.

22 Q. How long were you a board member?

23 A. I think two years.

24 Q. And what is Community Support  
25 Services?

1           A.       It is a program for people with  
2       severe and persistent mental health disorders.

3           Q.       And Community Support Services is an  
4       agency that contracts with the Summit ADM Board,  
5       correct?

6           A.       Yes.

7           Q.       Did CSS, when you were a board  
8       member, provide treatment for people suffering  
9       from opiate use disorder?

10          A.       I don't know the diagnoses of  
11       people, you know. I know that there are folks  
12       who have dual diagnosis of substance abuse and  
13       mental health disorders. Who actually provided  
14       services and what their expertise was to their  
15       clients, I don't know.

16          Q.       Do you recall any discussions about  
17       the opiate epidemic coming up during board  
18       meetings for CSS?

19          A.       I know that they did have clients  
20       who overdosed.

21          Q.       And were those overdoses discussed  
22       at board meetings?

23          A.       No. We don't discuss particular  
24       patients in detail, but because of the issue in  
25       the county, this was yet another population that

1 it touched upon.

2 Q. Have you kept up with any statewide  
3 efforts to address the opioid epidemic?

4 MS. LEYIMU: Object to the form of  
5 the question.

6 A. No.

7 Q. Are you aware that in 2010 then  
8 Governor Strickland signed an executive order  
9 establishing the Ohio Prescription Drug Abuse  
10 Task Force?

11 MS. LEYIMU: Object to the form of  
12 the question.

13 A. That was in 2010?

14 Q. Yes.

15 A. No. I wouldn't have paid attention  
16 to that back then.

17 Q. Why not?

18 A. I was working at Summa and focused  
19 on other health issues.

20 Q. Are you aware that Cuyahoga County  
21 established an opiate task force in 2010?

22 A. No.

23 Q. Do you know anyone who's on the  
24 Cuyahoga County Opiate Task Force?

25 A. Not that I'm aware of.

1 Q. Have you ever attended any meetings  
2 of Cuyahoga County's Opiate Task Force?

3 A. No.

4 Q. Back in 2011 were you aware that  
5 Governor Kasich established the Governor's  
6 Opiate Action Committee Task Force?

7 A. No.

8 Q. Are you aware that in 2013 the Ohio  
9 House of Representatives published a report  
10 about prescription drug abuse in Ohio?

11 MS. LEYIMU: Object to the form.

12 A. I don't recall that, no, but a lot  
13 of that occurred, I mean, when I was working at  
14 Summa on other things. I know a lot more about  
15 infant mortality now; that during that time  
16 period things may have been happening in the  
17 state around infant mortality but I wasn't  
18 paying attention to that either because that was  
19 not part of my work at the time.

20 Q. So through your professional  
21 experience at the mayor's office and your  
22 participation or attendance at opiate task force  
23 meetings, have you developed an understanding of  
24 the causes of the opioid epidemic in Akron?

25 MS. LEYIMU: Object to the form.

1           A.       I don't know about the causes itself  
2       of the epidemic, but that some people -- I  
3       understand that some folks get addicted to drugs  
4       through prescription abuse and others started  
5       with street drugs.

6           Q.       So when you say some folks get  
7       addicted through prescriptions, do you mean they  
8       first get addicted to prescription drugs and  
9       then transition to something else?

10          A.       That's the way I understand it.

11          Q.       And how did you develop that  
12       understanding?

13          A.       Through the -- what we were hearing  
14       from families, from the opiate task force. You  
15       hear a lot from people in the community. Even  
16       initially from people outside of Akron, in  
17       Summit County, who it seems like they were the  
18       first to demand action from the mayor, even  
19       though it wasn't their mayor. But after a  
20       while, the stories have a similar thread because  
21       our initial understanding, like I told you  
22       before, is that this was a street drug problem.  
23       We didn't know how many people were addicted  
24       until more and more people began to overdose.  
25       So we learned a lot through those first couple

1 of years about the problem. And it was not what  
2 I originally thought it was. But we knew that,  
3 just thinking about growing up in the '70s, and  
4 some of the '80s, who are younger, that that  
5 small population of kids in high school who were  
6 doing illegal drugs somehow didn't balloon into  
7 these large numbers of addicts that we were  
8 seeing in the 2000s and where did that come  
9 from. You know, people don't just wake up in  
10 their 40s and say, gee, I'm going to try heroin  
11 for the first time. So we had to do the  
12 research and really learn about why -- why we  
13 were seeing this increase. It didn't make  
14 sense.

15 Q. So what kind of -- so when you say  
16 we had to do the research, who is the "we"?

17 A. I think any -- our community and our  
18 city employees that are working in this, to try  
19 to understand what was happening, to get the  
20 information that would help us understand what  
21 was happening. You don't begin to solve a  
22 problem until you really understand the sources.

23 We went through this process -- and  
24 I can speak easily about it with infant  
25 mortality because that was my primary

1 responsibility area. We started out knowing  
2 that African-American babies in particular zip  
3 codes were dying at twice the rate of white  
4 babies within the first year of life. We had to  
5 find out why that was before we could start to  
6 solve the problem.

7 Similarly, people's assumptions was  
8 that babies were dying of one of two things,  
9 either shaken baby syndrome or drug addiction.  
10 Once we went to the hospitals and we had  
11 information, we found out that wasn't at all why  
12 babies were dying. The issues were premature  
13 birth. That was the primary issue was premature  
14 birth. So then we had to go through, why are  
15 black babies more likely to be born prematurely.  
16 And it took a year of this for us to really  
17 understand what was happening because it's just  
18 not one cause of prematurity. So it went  
19 through a process of not just our education, but  
20 community education, about why we were seeing  
21 this high rate of infant mortality among black  
22 infants in the city of Akron.

23 So with the opiate epidemic, I was  
24 not the lead on that because that was a police  
25 and fire, and initially didn't think that that

1 was my role because it was an issue of police  
2 and fire, because I had the same understanding,  
3 that these were people doing street drugs, not  
4 realizing, until we had more data, that this  
5 problem was bigger than that, that this didn't  
6 make sense, this large number of people who are  
7 addicted and this large number of people who are  
8 overdosing.

9 So it was that process of having to  
10 learn what was really happening. Like I said, I  
11 wasn't the lead the way I was in infant  
12 mortality. From the city I was the face of  
13 dealing with the issue of infant mortality, but  
14 for the opiate epidemic, it was really police  
15 and fire, and I had that supportive role.

16 But when bad things happen in your  
17 city, there's a process of trying to understand  
18 what happened why before we can think about  
19 solutions. It doesn't change anything if we  
20 focus on shaken baby syndrome when that's not  
21 why babies are dying. So we needed to learn a  
22 lot about opiate addiction, and we relied on the  
23 ADM Board, Summit County Public Health, what we  
24 were learning from police and fire, and -- to  
25 help us. I wasn't in the center of it as much



1 as they were.

2 Q. So how did the city go about  
3 collecting the data?

4 A. Some of it was what you saw here  
5 from Rich Marountas from Summit County Public  
6 Health. Police and fire have their own data  
7 records. We recently went to electronic health  
8 records for EMS providers, and that was really  
9 their first opportunity to easily get data as  
10 opposed to from paper reports. So that was part  
11 of it. And I don't know the expertise that they  
12 pulled in and that they might have received  
13 through the ADM Board, through Jerry Craig or  
14 through Summit County Public Health.

15 Q. What data did they collect that shed  
16 light on how people became addicted in the first  
17 place?

18 MS. LEYIMU: Object to the form.

19 A. I cannot say necessarily about how,  
20 but when we looked at -- for me as a  
21 sociologist, I'm always looking at the  
22 demographics. What we were seeing didn't make  
23 sense, that people between the age of 25 and 50,  
24 white, more male than female -- this was  
25 puzzling. Our stereotypes are that illicit drug

1 users tend to be young, and -- but the people  
2 who were overdosing weren't necessarily young,  
3 and just like people assumed that the problem of  
4 infant mortality was the drug issue, that wasn't  
5 the case because you didn't see very many black  
6 women overdosing on opioids. There might be  
7 babies born addicted, and that is a problem, but  
8 that's not why babies die.

9 So, for me, it was making sense of  
10 it by looking at the demographics and trying to  
11 figure out what is it that we know and what is  
12 it that we're operating on stereotypes because  
13 we haven't had the data before.

14 Q. So after you noticed this puzzling  
15 phenomenon of the predominantly white, 25 to 50  
16 year old, predominantly male, drug addicts, what  
17 data did you collect to help you get to the root  
18 cause of that addiction?

19 A. I didn't collect data.

20 MS. LEYIMU: I'll object to the form  
21 of the question.

22 Go ahead.

23 A. I did not collect data. That was  
24 more of a research effort that I relied on the  
25 experts, the people who are at least more expert

1       than I at the ADM Board.

2               Q.       And what data specifically were you  
3       relying on?   What were you looking at?

4               MS. LEYIMU:   Object to the form of  
5       the question.   Asked and answered.

6               THE WITNESS:   Pardon?

7               MS. LEYIMU:   I was just making my  
8       objection.

9               THE WITNESS:   Okay.

10              A.       I had the data that was sent to me  
11       through Rich and the information.   The other is  
12       more of what we learned in discussion.   I don't  
13       have any particular reports that I recall.

14              Q.       So are you saying that Mr. Marountas  
15       sent you reports containing data about or  
16       relating to how people initially got addicted to  
17       drugs?

18              MS. LEYIMU:   Object to the form.

19              A.       No, not at all.

20              Q.       Did you look at any data relating to  
21       that issue specifically?

22              MS. LEYIMU:   Object to the form.  
23       Asked and answered.

24              THE WITNESS:   I didn't hear you.  
25       I'm sorry.

1 MS. LEYIMU: Go ahead. You can  
2 repeat the question if you need.

3 A. Yes. Go ahead.

4 Q. Did you look at any data relating  
5 specifically to the issue of how people were  
6 getting addicted to drugs?

7 A. Not specifically that I can recall  
8 at this time, no.

9 Q. Do you recall reviewing any research  
10 relating to how people who overdosed initially  
11 got addicted to drugs?

12 A. I don't believe so. There's nothing  
13 that stands out in my mind as a single document  
14 or anything like that, no.

15 We spent a lot of time talking about  
16 what they were experiencing at the police  
17 department, in the EMS, what the hospitals were  
18 seeing. So, you know, there was -- there was a  
19 widespread community impact, and I think we just  
20 learned a lot through all the different ways  
21 that different organizations were impacted.

22 So how I came to that -- that  
23 specific understanding of how people did, yeah,  
24 I don't really know.

25 Q. Is there any data or any research on

1     which you based your opinion that people who  
2     were overdosing on opiates initially started  
3     with prescription drugs?

4             MS. LEYIMU:   Object to the form.  
5     Asked and answered several times.

6             A.     I don't have a report to that.  I  
7     don't have that kind of information to know who  
8     does and how many overdosed because of a history  
9     of illicit drug abuse versus a history of  
10    becoming addicted from prescription meds.

11            MS. McNAMARA:  I don't know how long  
12    we've been going, but it's a good stopping  
13    point.

14            THE VIDEOGRAPHER:  Off the record at  
15    11:17 a.m.

16                               (Recess had.)

17            THE VIDEOGRAPHER:  Back on the  
18    record at 11:36 a.m.

19    BY MS. McNAMARA:

20            Q.     Welcome back.

21            A.     Okay.

22            Q.     So you initially joined the cabinet  
23    of Mayor Plusquellic, correct?

24            A.     Yes.

25            Q.     And outside of attending opiate task

1 force meetings, did you work on any  
2 opiate-related initiatives or projects during  
3 his administration?

4 A. I don't recall, no.

5 Q. Do you recall discussing any  
6 opiate-related issues with him?

7 A. Not with him, no.

8 Q. And then after he resigned, Garry  
9 Moneypenny briefly took over?

10 A. Um-hum.

11 Q. Do you recall discussing any  
12 opiate-related issues with him?

13 A. Not that I recall.

14 Q. And then he resigned and Jeff Fusco  
15 took over?

16 A. Um-hum.

17 Q. And do you recall discussing any  
18 opiate-related issues with him?

19 A. No.

20 Q. And did you start work on any  
21 opiate-related initiatives or projects during  
22 Mr. Moneypenny or Mr. Fusco's administrations?

23 A. Well, Mr. Moneypenny's was too  
24 short, but under Mr. Fusco's, because he was not  
25 going to run for election, he was just there,

1     there was a lot of effort to maintain stability.  
2     So what we were working on was to continue. So  
3     anything that we were doing, we stayed the  
4     course until the next mayor.

5             Q.     And for you that meant continuing to  
6     represent the mayor on the opiate task force?

7             A.     Yes, as well as others from Akron  
8     police and fire.

9             Q.     And then in 2016 Mr. Horrigan was  
10    elected as mayor?

11            A.     Yes.

12            Q.     And fair to say that addressing the  
13    opiate epidemic has been a priority for  
14    Mr. Horrigan over the past few years?

15            A.     Yes. It has developed as that  
16    pretty quickly.

17            Q.     And about when did it start to  
18    become a priority?

19                    MS. LEYIMU: Object to the form.

20            A.     I think early on. As I had  
21    mentioned before, we heard from outside  
22    communities more about the problem, and people  
23    wanted the mayor of Akron to do something about  
24    it, so that spurred action for us to learn more,  
25    and one of the things that he initiated was

1 visiting every senior class from every high  
2 school in the City of Akron, along with a team  
3 that included me and Christine Curry, Charles  
4 Brown and Chief Natko, Billy Sole, to talk to  
5 them specifically about the opioid epidemic.

6 Q. And why was it important to talk to  
7 high school seniors?

8 A. If they haven't done them yet, this  
9 is the time to prevent. Many of them will have  
10 sports injuries. Many of them will have their  
11 wisdom teeth out. Many of them will be tempted  
12 to do illicit drugs in their senior year and in  
13 college. And if we can get them to understand  
14 the dangers of any medication, the dangers of  
15 addiction, and specifically the dangers of  
16 illicit drugs, because at that time we started  
17 to see the carfentanil -- so we were taking  
18 every approach we could to help them so that  
19 they didn't end up addicted, however it might  
20 occur, however they might be at risk.

21 Q. And you've mentioned your  
22 involvement with various initiatives as part of  
23 the mayor's office. Is there anyone else within  
24 the mayor's cabinet that's been involved with  
25 him with respect to opiate-related issues?



1           A.       With the mayor?

2           Q.       Yes.   Let me reask that very  
3   confusing question.

4                   Is there anyone else in the mayor's  
5   cabinet who worked on opiate-related issues  
6   other than yourself?

7           A.       Well, Charles Brown is the deputy  
8   mayor for public safety.  He was the lead person  
9   because he's technically over the police and  
10   fire chiefs as well, so he was our lead on that  
11   topic.

12          Q.       And over the years did Mr. Horrigan  
13   attend any meetings or press conferences about  
14   the opiate epidemic that you did not also  
15   attend?

16          A.       I don't recall the mayor's schedule  
17   so I can't even answer that.

18          Q.       This is going to be Exhibit 7, which  
19   is an e-mail chain Bates stamped  
20   AKRON\_000310062.

21                   -    -    -    -    -

22                   (Thereupon, Albanese Deposition  
23   Exhibit 7, E-Mail String Beginning  
24   Bates Number AKRON\_000310062, was  
25   marked for purposes of

1 identification.)

2 - - - - -

3 A. Okay.

4 Q. And the top e-mail here is from you  
5 to a number of people, with the subject line  
6 "FW: Governor Kasich's Start Talking campaign";  
7 is that correct?

8 A. Yes.

9 Q. And the e-mail describes in the  
10 first line a meeting between Mayor Horrigan and  
11 Governor Kasich on a number of issues, one of  
12 which was heroin and the overdose epidemic. Do  
13 you see that?

14 A. Yes.

15 Q. Did you attend that meeting?

16 A. No.

17 Q. Do you recall Mayor Horrigan  
18 forwarding along to you news articles and tweets  
19 relating to the opioid epidemic?

20 MS. LEYIMU: Object to the form.

21 A. I don't recall the mayor ever  
22 tweeting unless a staff member was doing it on  
23 his behalf. But no. What you see is an example  
24 of, you know, what he's forwarded.

25 Q. This one is going to be Exhibit 8,

1     which is an e-mail chain Bates numbered  
2     AKRON\_000315364.

3                     -     -     -     -     -  
4                     (Thereupon, Albanese Deposition  
5                     Exhibit 8, E-Mail String Bates  
6                     Numbered AKRON\_000315364, was marked  
7                     for purposes of identification.)

8                     -     -     -     -     -  
9             Q.       So the first e-mail in this chain --  
10            actually, the middle e-mail is from Mayor  
11            Horrigan to \_PDL\_Cabinetmembers. Do you see  
12            that?

13            A.       Um-hum.

14            Q.       And the PDL Cabinet Members, is that  
15            a listserv?

16            A.       Yes. Of members of his cabinet,  
17            yes.

18            Q.       Including yourself?

19            A.       Yes.

20            Q.       And do you remember receiving this  
21            forwarded -- strike that.

22                    And Mr. Horrigan -- Mayor Horrigan  
23            is forwarding here a tweet by the Washington  
24            Post. Do you see that?

25            A.       Um-hum.

1           Q.       And the tweet is -- the tweet says,  
2       "Where opiates killed the most people in 2015."

3                   Do you see that?

4           A.       Um-hum.

5           Q.       Do you recall receiving this  
6       forwarded tweet?

7           A.       No.   Right around that time I was  
8       traveling.   My daughter graduated from college.  
9       So I don't know if I was even back from Florida  
10      yet.   So no.

11          Q.       The very first e-mail in the chain  
12      is a forwarded message from Travismacgee62.   Do  
13      you know who that is?

14          A.       No.   I have no idea.

15                   -       -       -       -       -

16                   (Thereupon, Albanese Deposition  
17                   Exhibit 9, E-Mail String Beginning  
18                   Bates Number AKRON\_000310913, was  
19                   marked for purposes of  
20                   identification.)

21                   -       -       -       -       -

22          Q.       This one is Exhibit 9.   It's an  
23      e-mail Bates stamped AKRON\_000310913.   The top  
24      e-mail in this chain is from James Hardy to Dan  
25      Horrigan, copying you.

1           A.       Um-hum.

2           Q.       The subject line, regarding tweet by  
3   ProPublica on Twitter, do you see that?

4           A.       Yes.

5           Q.       And the tweet says, "New: Let's  
6   talk about the role insurers play in the opioid  
7   crisis." Do you see that?

8           A.       Um-hum.

9           Q.       Do you recall receiving this e-mail?

10          A.       No. I believe at the end of  
11   September I was traveling with an Invest Health  
12   grant, and so -- yeah, I don't remember this  
13   one.

14          Q.       Do you recall ever reading an  
15   article about the role insurers play in the  
16   opioid crisis?

17          A.       No. I don't think I read that.

18          Q.       Do you recall discussing the role of  
19   the insurers in the opioid crisis with Mayor  
20   Horrigan.

21          A.       No.

22          Q.       Do you know why Mayor Horrigan sent  
23   this tweet?

24                   MS. LEYIMU: Object to the form of  
25   the question.

1           A.       If it's information sharing, that's  
2       a lot of what we did.

3           Q.       Do you know whether he has an  
4       opinion on the role of insurers in the opioid  
5       crisis?

6                   MS. LEYIMU:   Object to the form.

7           A.       I do not know.

8           Q.       So to switch gears now completely to  
9       talk briefly about budget issues, you're aware  
10      Akron has an annual budget, correct?

11          A.       Correct.

12          Q.       And who has the ultimate  
13      responsibility for approving Akron's annual  
14      budget?

15          A.       Akron city council.

16          Q.       And the mayor's office has its own  
17      specific budget, correct?

18          A.       Yes.

19          Q.       And does the mayor's office  
20      initially propose that budget?

21          A.       That would have been, my  
22      understanding is, the mayor working with the  
23      director, his director of finance, deputy mayor  
24      for finance, Diane Miller Dawson. I was not  
25      involved in budgeting.

1           Q.       So no personal involvement in the  
2       development of the mayor's office annual budget?

3           A.       No.

4           Q.       Do you know whether, within the  
5       budget, there were any specific allocations for  
6       your work as assistant to the mayor for health,  
7       education and families?

8           A.       I had no budget, so outside of my  
9       salary, no.

10          Q.       And when you say you had no budget,  
11       what do you mean?

12          A.       I had no budget over which I was  
13       responsible.

14          Q.       Did you have any staff under you?

15          A.       Through part of the time, there was  
16       a part-time employee who was hired with  
17       assistance from the hospitals. Her salary was  
18       half paid by the hospitals to help with the  
19       infant mortality issue.

20          Q.       Did you have any input into how much  
21       money the mayor's office would spend on  
22       opiate-related issues?

23                   MS. LEYIMU: Object to the form.

24          A.       No.

25          Q.       And you had no personal involvement

1 in developing the budget for public safety,  
2 correct?

3 A. That is correct.

4 Q. No involvement with the EMS budget?

5 A. That is correct.

6 Q. Or the police budget?

7 A. That is correct.

8 Q. Or the fire budget?

9 A. I did not have involvement with  
10 those.

11 Q. Or the budget for the Summit County  
12 ADM Board?

13 A. Certainly not.

14 Q. Summit County ADM is separate from  
15 the City of Akron?

16 A. Yes. It's a separate organization.

17 Q. Are you aware of the mayor's office  
18 having made any funding requests specifically  
19 related to opiate issues?

20 MS. LEYIMU: Object to the form.

21 A. Request of who?

22 Q. Let me rephrase that.

23 Are you aware of the mayor's office  
24 including in its budget any items specifically  
25 related to opiate issues?



1 MS. LEYIMU: Object to the form.

2 A. I said I wasn't involved in any of  
3 the budget planning, so that would include  
4 opiate issues.

5 Q. So I take it you're also not aware  
6 of any other departments within the city  
7 including line items in their budgets  
8 specifically related to opiate issues?

9 MS. LEYIMU: Object to the form.

10 A. Yes. I was not involved in any  
11 budgeting.

12 Q. Do you know whether the mayor's  
13 office specifically tracks the city's  
14 expenditures related to opiates?

15 MS. LEYIMU: Object to the form.

16 A. I wouldn't have -- I've been away  
17 from the city. Whether they do now, I don't  
18 know, but I was -- I'm not aware of that.  
19 Again, Diane Miller Dawson --

20 Q. And during your time in the mayor's  
21 office, did you know whether any other  
22 department within the city specifically tracked  
23 expenditures related to opiates?

24 MS. LEYIMU: Object to the form of  
25 the question.

1           A.       No. I wasn't involved in any of  
2       their finances, so I would not -- if they did  
3       that, I wouldn't necessarily know about it.

4           Q.       And you're aware that funding for  
5       opiate-related expenditures can come from  
6       sources other than the city, correct?

7                   MS. LEYIMU: Object to the form of  
8       the question.

9           A.       I don't know what you mean by other  
10       sources, so -- but -- yeah. Can you explain?

11          Q.       Sure.

12                   So, for example, Medicaid might pay  
13       for treatment for opiate-related issues?

14                   MS. LEYIMU: Object to the form.

15          A.       Okay. No, I do not know how the  
16       city would spend funding from the Medicaid  
17       office directly. That seems to be the -- my  
18       understanding of Medicaid is that they would pay  
19       providers. They wouldn't pay a city. And we  
20       were not direct providers of care. There are no  
21       staff members who provide addiction counseling.

22          Q.       Were you involved in applying -- in  
23       helping the city apply for any grants related to  
24       the opiate epidemic?

25          A.       No.

1           Q.       Do you know approximately how much  
2 money the city receives from private grants for  
3 dealing with the opiate epidemic?

4           MS. LEYIMU:   Object to the form.

5           A.       No.   I didn't know -- yeah.   I don't  
6 know if they do or they don't because the grants  
7 that come out of police and fire come out of  
8 police and fire.   They're separate.

9           Q.       Earlier on in the deposition you  
10 testified about learning about the heroin  
11 problem through a conversation with your  
12 neighbor who's a police officer, correct?

13          A.       Um-hum.

14          Q.       Do you recall having a similar  
15 moment or experience where you learned about a  
16 prescription drug abuse problem in Akron?

17          MS. LEYIMU:   Object to the form of  
18 the question.

19          A.       With him?

20          Q.       Anybody.

21          MS. LEYIMU:   Object to the form.

22          A.       I most specifically remember about a  
23 family member who had an issue, but there were  
24 so many conversations.   Probably the one I  
25 remember about the dog is because of the dog.

1 But there were a lot of conversations about  
2 things that were going on, but as far as a  
3 single one that stands out, I don't really have  
4 that.

5 Q. And when do you recall those  
6 conversations, and, again, specifically about  
7 prescription drug abuse, occurring?

8 MS. LEYIMU: Object to the form.

9 A. I can't place a particular  
10 conversation, so I can't answer that.

11 Q. What's the earliest one you recall?

12 A. I don't have a specific conversation  
13 to place in context.

14 Q. But you just testified that you  
15 recall a number of conversations, so I'm trying  
16 to get an idea of the time frame of those. When  
17 did they occur?

18 A. It would have been around the opiate  
19 task force meetings. It could have been in  
20 passing. This was an issue that was affecting  
21 our city in lots of ways, affecting our  
22 hospitals. So there were conversations all the  
23 time, but not necessarily ones that stand out as  
24 memorable.

25 Q. But the ones you're thinking of

1 happened in the context of the opiate task  
2 force?

3 A. Many of them have, but many of them  
4 could have also been from opportunities to speak  
5 with people from the hospitals. Akron is small.  
6 Lots of us attend meetings and see each other at  
7 other meetings and so conversations overlap.  
8 That's not uncommon.

9 Q. Did these conversations occur after  
10 you joined the mayor's office?

11 MS. LEYIMU: Object to the form.

12 A. I was not working in the area, so I  
13 would think that I would have any of those  
14 conversations before I was in the mayor's office  
15 because that was not anything I was working on.

16 MS. McNAMARA: I do not have  
17 anything further. Thank you very much.

18 THE VIDEOGRAPHER: Off the record at  
19 12:01.

20 (Recess had.)

21 THE VIDEOGRAPHER: Back on the  
22 record at 12:02 p.m.

23 EXAMINATION OF TERRY ALBANESE

24 BY MS. HARTMAN:

25 Q. Hello. My name is Ruth Hartman. I

1 represent the Endo Defendants in this matter and  
2 I just have a few follow-up questions for you.

3 A. Okay.

4 Q. I believe you testified earlier that  
5 in the latter half of 2016 you started meeting  
6 with Charles Brown and another group of people  
7 to discuss opioid issues; is that correct?

8 A. Yes, to look at the ways that we  
9 could address it in the city.

10 Q. And did that group have a name?

11 A. Not that I'm aware of.

12 Q. And how many people were part of  
13 that group?

14 A. Initially, Charles Brown, myself,  
15 Deputy Chief Natko, Deputy Chief Twigg, Chief  
16 Ball, and there may have been a few others from  
17 Akron Fire and Police. Initially it was just  
18 us.

19 Q. And how did you set an agenda for  
20 those meetings?

21 A. That was -- Charles Brown led the  
22 meetings. It was initially just to talk about  
23 what -- the first meeting, about what our charge  
24 was going to be and to figure out a plan.

25 Q. When you say "what our charge is

1     going to be," do you mean what your objective  
2     is?

3             A.     Right. What is it that Charles  
4     wanted to accomplish and what the purpose of our  
5     getting together was. There are so many  
6     meetings. No one needs another one without a  
7     clear objective.

8             Q.     Could you summarize what the  
9     objective was of those meetings?

10            A.     As I recall, to vet the various  
11    programs and ideas that came our way, to  
12    determine how the city could best respond to the  
13    opiate crisis.

14            Q.     Do you know if there were ever any  
15    minutes of those meetings?

16            A.     I don't know if Charles had anyone  
17    take minutes or not.

18            Q.     Did you take notes about those  
19    meetings?

20            A.     I don't think I did.

21            Q.     And you said you met on a monthly  
22    basis?

23            A.     Possibly, yeah.

24            Q.     Where did you meet?

25            A.     At the Akron Fire Department.

1 Q. Did the mayor ever attend any of  
2 those meetings?

3 A. Not when I was there, no. Not that  
4 I recall, no.

5 Q. And those meetings, am I correct in  
6 understanding the quick response team came out  
7 of those meetings?

8 A. Yes. Yes.

9 Q. And you testified earlier that you  
10 attended opioid task force meetings in your  
11 capacity as a representative of the mayor's  
12 office, correct?

13 A. Yes.

14 Q. Did you ever report back to anyone  
15 about the substance of the opioid task force  
16 meetings?

17 A. Not specifically.

18 Q. Did you take notes at those  
19 meetings?

20 A. They always sent us minutes, so it  
21 wasn't necessary.

22 Q. Did you keep track of your time on a  
23 daily basis when you worked for the mayor?

24 A. No. That would be so difficult.

25 Q. Can you estimate how much of your



1 time was spent devoted to opioid issues?

2 MS. LEYIMU: Object to the form of  
3 the question.

4 A. No. It varied. I mean, so there  
5 may be weeks where I spent very little time and  
6 there may have been a week where I spent a lot  
7 of time, because responsibilities vary, so does  
8 time commitment. So I really -- there isn't an  
9 average.

10 Q. But there's no way you could  
11 re-create your time and explain how you spent it  
12 during those four years you worked for the  
13 mayor?

14 MS. LEYIMU: Object to the form of  
15 the question.

16 A. No.

17 - - - - -

18 (Thereupon, Albanese Deposition  
19 Exhibit 10, E-Mail String Bates  
20 Numbered AKRON\_000316646, was marked  
21 for purposes of identification.)

22 - - - - -

23 Q. Can you take a moment and review  
24 this e-mail, please? Do you recognize this  
25 e-mail?

1 A. Yes.

2 Q. Can you describe what the substance  
3 of this e-mail is?

4 A. Which one?

5 Q. Just the first -- the e-mail from  
6 Leah Jones.

7 A. The Monday, January 25th, at 2:03?

8 Q. Yes.

9 A. She was simply thanking us for  
10 attending a meeting that Senator Brown held at  
11 Summit County Public Health.

12 Q. And did you present anything at this  
13 meeting?

14 A. No.

15 Q. Do you recall this meeting?

16 A. Yes.

17 Q. Okay. Did anyone present about  
18 Akron programs at this meeting?

19 A. Not about Akron programs that I  
20 recall. We initially -- or I initially was  
21 not -- I didn't get invited from Leah initially  
22 to this meeting. I found out about it from  
23 Summit County Health Department and asked her  
24 about it. So I was not around the table but  
25 outside of the table at this meeting.

1           Q.       So Summit County Health Department  
2       presented on their programs?

3           A.       I don't recall who presented  
4       exactly. I just know that Senator Brown had  
5       some presenters but he wanted to hear from  
6       people and talk about it.

7           Q.       In your role in the mayor's office,  
8       did you ever reach out to any of Ohio's senators  
9       about the opioid issues?

10          A.       Not directly, no. Leah and I talked  
11       about a lot of things, but most of our work was  
12       around infant mortality and My Brother's Keeper  
13       initiatives, and so I don't think Leah equated  
14       me with that topic.

15          Q.       And Leah is a staff member for  
16       Senator Brown; is that correct?

17          A.       Yes. She was. I don't know if she  
18       still is.

19          Q.       Did you ever consider reaching out  
20       to the senator's office about opioid issues  
21       during your tenure at the mayor's office?

22                   MS. LEYIMU: Object to the form.

23          A.       I don't know if I considered it or  
24       not. I think -- yeah. We were in the process  
25       of trying to learn, and I don't know that they

1 had anything to offer us, and if it was seeking  
2 state funding, that would have come from someone  
3 else other than me.

4 Q. When you say we were in the process  
5 of trying to learn, what do you mean by that?

6 A. Always trying to understand what was  
7 going on and how do we best stop it, how can --  
8 I mean, at some point you realize that we have  
9 so many people addicted and it's not going to be  
10 over any time soon because you don't get cured  
11 from an addiction, so we had a lot to really  
12 look at to figure out how are we to best respond  
13 to this, from prevention to making sure that  
14 people had access to treatment and what about  
15 the ongoing treatment. So it was a bit  
16 overwhelming to try to tackle it all at once.

17 Q. And you didn't think the senator or  
18 his office would have anything to offer?

19 MS. LEYIMU: Object to the form of  
20 the question.

21 A. I did not have -- I was not the  
22 contact person. That would have been our chief  
23 of staff for the senator's office or for state  
24 government. So yeah, I would not have thought  
25 about that in my role because that would have

1     come from James Hardy or chief of staff or the  
2     mayor himself, not necessarily from me.

3             Q.     Did you interact with any federal  
4     agencies about opioid issues during your tenure  
5     at the mayor's office?

6             A.     No.

7             Q.     Did you ever confer with your  
8     counterparts in other Summit County mayor's  
9     offices about the opioid problem?

10            MS. LEYIMU: Object to the form.

11            A.     I don't know who my counterpart  
12     would be in other cities because it was a unique  
13     title. So, yeah, I was kind of alone, in an  
14     alone position.

15            Q.     Did other mayor's offices in Summit  
16     County have cabinets?

17            A.     Yes.

18            Q.     But they never -- they did not have  
19     anyone equivalent to you?

20            A.     No. This is -- and I don't know  
21     what other cities have in their charter, but my  
22     position was not a chartered position, so it's  
23     not a required position. There are very few  
24     that are required, and -- but it was something  
25     that the mayor felt was important.

1 MS. HARTMAN: I don't have any  
2 further questions.

3 EXAMINATION OF TERRY ALBANESE  
4 BY MR. HOLLINGSWORTH:

5 Q. Good afternoon.

6 A. Good afternoon.

7 Q. My name is Adam Hollingsworth. I'm  
8 with the law firm of Jones Day up in Cleveland,  
9 Ohio and we represent Walmart in this matter.  
10 So I just have a few follow-up questions related  
11 to the retail pharmacies that Attorney McNamara  
12 mentioned earlier in your deposition.

13 Are you aware that the City of Akron  
14 sued Walmart in this lawsuit?

15 A. I believe they were a part of it,  
16 yes.

17 Q. And are you aware that the City of  
18 Akron also sued Walgreens, Rite-Aid and CVS?

19 A. I believe those were all included,  
20 yes.

21 Q. Okay. Did you have any role in  
22 deciding who were the defendants that the City  
23 of Akron was going to sue in this case?

24 A. Not at all. I've been away from the  
25 city for a year now.

1           Q.     Did you have any discussions with  
2 anyone who currently is with the City of Akron  
3 about that decision, about which defendants were  
4 going to be sued?

5           A.     No, not at all.

6           Q.     Do you know why the City of Akron  
7 sued Walmart?

8                   MS. LEYIMU:   Object to the form of  
9 the question.

10          A.     I don't know that much about the  
11 lawsuit to answer in any detail.

12          Q.     And specifically about Walmart, do  
13 you have any knowledge about Walmart's role in  
14 the lawsuit?

15                   MS. LEYIMU:   Object to the form.

16          A.     No.

17          Q.     Same question for Walgreens,  
18 Rite-Aid and CVS; do you know why the City of  
19 Akron sued them?

20                   MS. LEYIMU:   Same objection.

21          A.     I don't have -- yeah, I don't have  
22 access to that information.

23          Q.     What is -- what's your understanding  
24 of Walmart's role in opioid-related issues?

25                   MS. LEYIMU:   Object to the form.

1           A.       I can't necessarily say that I have  
2 any -- any thoughts about that at all.

3           Q.       Same question for --

4           A.       I have not been involved with  
5 pharmaceutical services or care or anything like  
6 that, so I can't answer that.

7           Q.       Same question for Walgreens,  
8 Rite-Aid and CVS?

9           A.       Same answer.

10           MS. LEYIMU: Same objection.

11           Q.       Are you aware that the City of Akron  
12 is seeking monetary damages from Walmart?

13           A.       I might have heard that. I don't  
14 recall.

15           Q.       Do you recall from whom you might  
16 have heard that?

17           A.       No. I think it might be an  
18 assumption on my part because when you hear a  
19 lawsuit, you automatically think that there's  
20 probably some money involved, so it could have  
21 been simply my assumption.

22           Q.       And from your time when you worked  
23 for the City of Akron, are you able to identify  
24 any specific conduct by Walmart relating to  
25 opioids that caused any type of monetary loss to



1 the City of Akron?

2 MS. LEYIMU: Object to the form of  
3 the question.

4 A. I can't answer that. I mean, I  
5 don't know.

6 Q. So you don't know of any specific  
7 conduct by Walmart that caused a loss to the  
8 City of Akron?

9 MS. LEYIMU: Object to the form.  
10 Asked and answered.

11 A. I don't have that information. I  
12 don't know.

13 Q. Same question for Walgreens,  
14 Rite-Aid and CVS?

15 MS. LEYIMU: Same objection.

16 A. Same answer.

17 Q. Based on your previous answer, I'm  
18 not sure that you're going to have an answer to  
19 this one either, but I'll ask just to see.  
20 Could you quantify in dollars the amount that  
21 the City of Akron's expenditures increased  
22 because of any conduct or any actions by  
23 Walmart?

24 MS. LEYIMU: Object to the form of  
25 the question.

1           A.       I wouldn't have any information like  
2       that.

3           Q.       Same question for Walgreens,  
4       Rite-Aid and CVS?

5                   MS. LEYIMU:   Same objection.

6           A.       Same answer.

7           Q.       Do you know whether the City of  
8       Akron has ever contacted Walmart to discuss ways  
9       to mitigate the harm caused by the opioid  
10      issues?

11                   MS. LEYIMU:   Object to the form of  
12      the question.

13          A.       I do not know if they did or they  
14      didn't.

15          Q.       Same question for Rite-Aid, CVS and  
16      Walgreens?

17                   MS. LEYIMU:   Same objection.

18          A.       I do not know if they did or they  
19      didn't.

20                   MR. HOLLINGSWORTH:   That's all the  
21      questions that I have.   Thank you.

22                   MS. LEYIMU:   Anyone on the phone?  
23      Anybody else?   I have no further questions for  
24      this witness.

25                   THE VIDEOGRAPHER:   Going off the

1 record at 12:18 p.m.

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3 (Deposition concluded at 12:18 p.m.)

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1 Whereupon, counsel was requested to give  
2 instruction regarding the witness' review of  
3 the transcript pursuant to the Civil Rules.

4

5 SIGNATURE:

6 Transcript review was requested pursuant to  
7 the applicable Rules of Civil Procedure.

8

9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction  
11 regarding delivery date of transcript.

12

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## REPORTER'S CERTIFICATE

[illegible]

I, Renee L. Pellegrino, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, TERRY ALBANESE, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not a  
2 relative, counsel or attorney for either party,  
3 or otherwise interested in the event of this  
4 action.

5 IN WITNESS WHEREOF, I have hereunto set  
6 my hand and affixed my seal of office at  
7 Cleveland, Ohio, on this 9th day of January, 2019.  
8  
9

10  
11   
12

13 Renee L. Pellegrino, Notary Public  
14 within and for the State of Ohio  
15

16 My commission expires October 12, 2020.  
17  
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Veritext Legal Solutions  
1100 Superior Ave  
Suite 1820  
Cleveland, Ohio 44114  
Phone: 216-523-1313

January 9, 2019

To: TOPE O. LEYIMU

Case Name: In Re: National Prescription Opiate Litigation v.

Veritext Reference Number: 3182255

Witness: Terry Albanese                      Deposition Date: 1/4/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to [production-midwest@veritext.com](mailto:production-midwest@veritext.com).

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,  
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW  
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3182255

CASE NAME: In Re: National Prescription Opiate Litigation v.

DATE OF DEPOSITION: 1/4/2019

WITNESS' NAME: Terry Albanese

In accordance with the Rules of Civil  
Procedure, I have read the entire transcript of  
my testimony or it has been read to me.

I have made no changes to the testimony  
as transcribed by the court reporter.

\_\_\_\_\_  
Date Terry Albanese

Sworn to and subscribed before me, a  
Notary Public in and for the State and County,  
the referenced witness did personally appear  
and acknowledge that:

They have read the transcript;  
They signed the foregoing Sworn  
Statement; and  
Their execution of this Statement is of  
their free act and deed.

I have affixed my name and official seal

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration Date



DEPOSITION REVIEW  
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3182255

CASE NAME: In Re: National Prescription Opiate Litigation v.

DATE OF DEPOSITION: 1/4/2019

WITNESS' NAME: Terry Albanese

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Terry Albanese

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;  
They have listed all of their corrections in the appended Errata Sheet;  
They signed the foregoing Sworn Statement; and  
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration Date

ASSIGNMENT NO: 1/4/2019

PAGE / LINE (S)	CHANGE	/ REASON
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Date Terry Albanese

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_, 20\_\_\_\_.

Notary Public

Commission Expiration Date

[&amp; - 55]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

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THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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